PRINTED: 02/17/2011 FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		NVN118AGC		B. WING		12/09/2010	
			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	1 .=	
HORIZON HILLS RESIDENTIAL GROUP CARE 2 8085 MOH RENO, NV							
(X4) ID PREFIX TAG	(EACH DEFICIENC)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE		
Y 000	Initial Comments			Y 000			
Y 178 SS=F	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/9/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed.  One discharged resident file was reviewed.  The facility received a grade of A.  The following deficiencies were identified:  449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209  5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.		Y 178				
	Based on observation	of met as evidenced by: n on 12/9/10, the facility remises were clean and	<i>'</i>				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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	NVN118AGC		B. WING		12	/09/2010			
NAME OF PROVIDER OR SUPPLIER  SUPPLIES DESIDENTIAL CROUP CARE 2			STREET ADDRESS, CITY, STATE, ZIP CODE 8085 MOHAWK LN						
(EACH DEFICIEN	FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	(X5) COMPLETE DATE					
maintained (backya plastic gallon bottles discarded laundry a	rd contained a large piles, a soiled mattress and appliances).		Y 178						
449.217(1) Kitchens-Equipment works; Clean and Sanitary			Y 250						
NAC 449.217  1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.									
This Regulation is not met as evidenced by: Based on observation and interview on 12/9/10, the food preparation area was not clean allowing for the sanitary preparation of food (stove top surface and stove hood had a build-up of grease).									
Severity: 2 Scope:	3								
	SUMMARY S (EACH DEFICIEN REGULATORY O  Continued From pa maintained (backya plastic gallon bottled discarded laundry at Severity: 2 Scope 449.217(1) Kitchens and Sanitary  NAC 449.217  1. The equipment in facility and the size adequate for the nufacility. The kitcher clean and must allo of food. The equipment in food of food of the sanitary preparation for the sanitary preparation for the sanitary preparation for the sanitary preparation for the sanitary preparation of the	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMAL Continued From page 1 maintained (backyard contained a large pilliplastic gallon bottles, a soiled mattress and discarded laundry appliances).  Severity: 2 Scope: 3  449.217(1) Kitchens-Equipment works; Cleand Sanitary  NAC 449.217  1. The equipment in a kitchen of a resident facility and the size of the kitchen must be adequate for the number of residents in the facility. 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